

Less stress for you and your pet



Transportation Authorization

Client Name: _____

Address: _____

Phone (where I can be reached at all times): _____

Pet Name: _____ Species: _____ Color: _____

Consent for transportation

I, being of legal age and responsible for the animal described above, grant Mobile Pet Vet and its staff members my consent to transport the animal named above in either a company or privately owned vehicle to a medical facility from my home, or from a medical facility to my home.

I understand that reasonable precautions will be used against injury, escape or loss of the animal. It is completely understood that Mobile Pet Vet and its agents will not be held liable or responsible in any manner and I assume all risks.

Signature _____ Date _____